

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/10/03.

## I. DISPUTE

Whether there should be reimbursement for 99070, 99080, E0745 x 2 and 99082 from 11/19/02 through 2/28/03.

## II. RATIONALE

Rule 134.600 (h) states, health care requiring preauthorization includes...(i)

- (11) all durable medical equipment (DME) in excess of \$500 per item (either purchase or expected cumulative rental) and all transcutaneous electrical nerve stimulators (TENS) units;”

Rule 133.1 (a)(8)(c) states “Fair and reasonable reimbursement - Reimbursement that meets the standards set out in §413.011 of the Texas Labor Code, and the lesser of a health care provider's usual and customary charge, or...

- (C) a negotiated contract amount.”

Rule 133.307 (g)(3) states, “(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include...

- (B) a copy of any pertinent medical records or other documents relevant to the fee dispute;”

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11/19/02	99070	\$30.00	N/A	N/A	N/A	N/A	No EOB or bill was submitted by the requestor or respondent. Reimbursement is not recommended.
11/20/02	99080	\$50.00	0.00	N	DOP	Rule 133.307 (g)(3)(B)	Denied for payment by the requestor as not documented. No medical report accompanied the filing of this dispute. Reimbursement is not recommended.
12/3/02	E0745	\$295.00	0.00	A	DOP	Rule 134.600 (h)(11)	The cumulative total of rental or rental/purchase exceeds \$500.00 and therefore requires preauthorization. Reimbursement is not recommended.

1/7/03	E0745	\$495.00	0.00	C	DOP	Rule 133.1 (a)(8)(c)	Per the EOB submitted by the requestor, the carrier agreed that the contract price agreed upon is \$445.50. No explanation was given why payment was withheld when a contracted reimbursement was given. Reimbursement is recommended at the contracted rate of \$445.50.
2/28/03	99082	\$25.00	0.00	E	DOP	Rule 133.307 (g)(3)(B)	This service was denied by the carrier, as the injured worker is not reimbursed mileage under medical dispute resolution. This is an incorrect interpretation of the CPT code as it is to reimburse the medical provider for unusual travel involving the patient. The requestor failed to furnish medical documentation supporting delivery of this service. Reimbursement is not recommended.
TOTAL		\$895.00					The requestor is entitled to reimbursement of <b>\$445.50.</b>

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for E0745 – neuromuscular stimulator in the amount of **\$445.50**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$445.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 7<sup>th</sup> day of April 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

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